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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/667,408</td> </tr> <tr> <td>Filing Date</td> <td>09/21/2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Charles E. Roos</td> </tr> <tr> <td>Title</td> <td>MULTIFUNCTION DATA PORT PROVIDING AN INTERFACE BETWEEN A DIGITAL NETWORK AND ELECTRONICS IN RESIDENTIAL OR COMMERCIAL STRUCTURES</td> </tr> <tr> <td>Art Unit</td> <td>3628</td> </tr> <tr> <td>Examiner Name</td> <td>Borissov, Igor N.</td> </tr> <tr> <td>Attorney Docket No.</td> <td>65335-20001.00</td> </tr> </table>	Application Number	09/667,408	Filing Date	09/21/2000	First Named Inventor	Charles E. Roos	Title	MULTIFUNCTION DATA PORT PROVIDING AN INTERFACE BETWEEN A DIGITAL NETWORK AND ELECTRONICS IN RESIDENTIAL OR COMMERCIAL STRUCTURES	Art Unit	3628	Examiner Name	Borissov, Igor N.	Attorney Docket No.	65335-20001.00
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I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/98) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record			
Signature	Charles E. Roos	Date	11/01/2005
Name	CHARLES E. ROOS	Telephone	601-566-1499
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.